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Deliver to: Mohamedulla, S., USPTO Art Group: 1756
 Facsimile No.: 703/872/9306 Date: July 14, 2005
 From: Brent E. Vecchia, Reg. No. 48,011
 Our Docket No.: 42390P11370 Number of pages 11 including this sheet.
 Application No.: 09/965,280 Filing Date: 9/26/2001
 Docket Due Date(s): _____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Preliminary</u> (<u>7</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (_____ pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____	<input type="checkbox"/> Petition for: _____
(_____ pgs) w/cover & abstract)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Assignment & Cover Sheet (_____ pgs)	<input type="checkbox"/> Reply Brief (_____ pgs)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Declaration & POA (_____ pgs)	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Written Opinion (_____ pgs)
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> IDS & PTO/SB/08 (_____ pgs)	<input checked="" type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Other _____	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Krista Mathieson
Krista Mathieson7/14/2005

Date

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/965,280
		Filing Date	September 26, 2001
		First Named Inventor	TAKESHI OHFUI
		Art Unit	1756
		Examiner Name	Mohamedulla, S.
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P11370

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> - Certificate of Facsimile </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	7/14/05

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Typed or printed name	Krista Mathieson	
Signature	<i>Krista Mathieson</i>	Date 7/14/05

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ir) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/965,280
Filing Date September 26, 2001
First Named Inventor TAKESHI OHFUJI
Examiner Name Mohamedulla, S.
Art Unit 1756
Attorney Docket No. 42390P11370

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
17	24	0	\$0.00
Independent Claims	2	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 380	2203 180	Multiple Dependent claim, if not paid	
1204 300	2204 150	**Reissue independent claims over original patent	
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or cash	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,490	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 600	2401 250	Notice of Appeal	
1402 800	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Brent E. Vecchia Registration No. 48,011 Telephone (303) 740-1980
Signature *Brent E. Vecchia* Date 7/14/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number 09/965,280
Filing Date September 26, 2001
First Named Inventor TAKESHI OHFUJI
Examiner Name Mohamedulla, S.
Art Unit 1756
Attorney Docket No. 42390P11370

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

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1203 380	2203 180	Multiple Dependent claim, if not paid	
1204 300	2204 150	**Reissue independent claims over original patent	
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(5)	0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 85	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
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1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(5)	

SUBMITTED BY

Name (Print/Type) Brent E. Vecchia

Registration No. (Attorney/Agent)

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Telephone

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Signature

Brent E. Vecchia

Date

7/14/05

Based on PTO/5B/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).
SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480

Our Docket No: 42P11370

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JUL 14 2005**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Takeshi Ohfuji et al.

Examiner: Mohamedulla, S.

Serial No: 09/965,280

Art Unit: 1756

Filed: September 26, 2001

For: Post Exposure Modification
Of Critical Dimensions In
Mask Fabrication**PRELIMINARY AMENDMENT**Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examining the above-identified patent application, please enter the following amendments, and consider the following remarks.

CERTIFICATE OF FACSIMILE

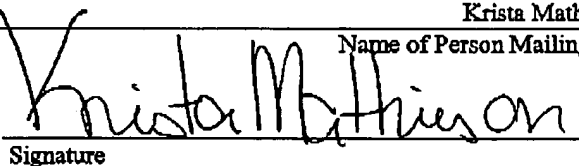
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July 14, 2005

Date of Deposit

Krista Mathieson

Name of Person Mailing Correspondence


SignatureJuly 14, 2005
Date